FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

TEMPORARY FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| OMB APPROVAL | | | | | | |
|---|--------------------|--|--|--|--|--|
| OMB Number: 323 Expires: September 2 Estimated average burden | 35-0076 0, 2008 | | | | | |
| hours per response | 16.0 0 | | | | | |

| | SEC | USE | ONLY | - |
|--------|------|-----|-------|---------------|
| Prefix | | | | Serial |
| | DATE | REC | EIVED | |

| Name of Offering (check if this is an amendment and name has changed, and indicate change.) Cambrian Asia, L.P. – Limited Partnership Interests 1397578 | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 | Section 4(6) ULOE | | | | | | | |
| Type of Filing: New Filing Amendment | | | | | | | | |
| A. BASIC IDENTIFICATION DATA | | | | | | | | |
| 1. Enter the information requested about the issuer | | | | | | | | |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Cambrian Asia, L.P. | | | | | | | | |
| Address of Executive Offices (Number and Street, City, State, Zip Code) c/o Atlantic Investment Management, Inc., 666 Fifth Avenue, 34th Floor, New York, NY 10103 | Telephone Number (Including Area Code) 212-484-5050 | | | | | | | |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) | | | | | | | | |
| Brief Description of Business Investment Vehicle | SEC Mail Processing | | | | | | | |
| Type of Business Organization corporation limited partnership, already formed other (please specify): limited partnership, to be formed | Section MAR 1 6 2009 | | | | | | | |
| Actual or Estimated Date of Incorporation or Organization: Month Year O 7 Actual Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) | Estimated Washington, DC 121 | | | | | | | |

GENERAL INSTRUCTIONS Note: This is a special Temporary Form D (17 CFR 239.500T) that is available to be filed instead of Form D (17 CFR 239.500) only to issuers that file with the Commission a notice on Temporary Form D (17 CFR 239.500T) or an amendment to such a notice in paper format on or after September 15, 2008 but before March 16, 2009. During that period, an issuer also may file in paper format an initial notice using Form D (17 CFR 239.500) but, if it does, the issuer must file amendments using Form D (17 CFR 239.500) and otherwise comply with all the requirements of § 230.503T.

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 100 F Street, N.W., Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. The copy not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

| | | A. BASIC IDENT | TFICATION DATA | <u></u> | |
|--|---|--|-------------------------------|---------------|---|
| Each beneficial ofEach executive of | of the issuer, if the issue owner having the power | er has been organized within er to vote or dispose, or direct corporate issuers and of corpo | the vote or disposition of, 1 | | ass of equity securities of the issuer; |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if Alexander J. Roepers Holdi | | | | | |
| Business or Residence Addre c/o Atlantic Investment Man | | | v York, NY 10103 | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner* |
| Full Name (Last name first, if | f individual) | | | | |
| Roepers, Alexander J. Business or Residence Addre c/o Atlantic Investment Mar | | • • • • • | v York, NY 10103 | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if | f individual) | | | | |
| Business or Residence Addre | ss (Number and Street | , City, State, Zip Code) | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if | findividual) | | | | |
| Business or Residence Address | ss (Number and Street, | City, State, Zip Code) | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if | findividual) | | | | |
| Business or Residence Address | ss (Number and Street, | City, State, Zip Code) | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | | | |
| Business or Residence Address | ss (Number and Street, | City, State, Zip Code) | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if | findividual) | | | | |
| Business or Residence Address | ss (Number and Street, | City, State, Zip Code) | | | |
| | (Use blan | nk sheet, or copy and use add | itional conies of this sheet | is necessary) | |

^{*} Managing Member of the General Partner

| | **** | | | | B. II | FORMAT | ION ABOU | T OFFERI | NG | | | | | |
|--|-----------------------------|----------------------------|------------------------------|------------------------------|---------------------------------------|--------------|----------------------------|-----------------------------|----------------------------|--------------|-------------------------------|--------------|-----|-------------|
| • | | | | | | | | | | | | | YES | NO NO |
| Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE | | | | | | | | Ш | \boxtimes | | | | | |
| 2. What is the minimum investment that will be accepted from any individual? | | | | | | | | | \$*1,000 | 0,000 | | | | |
| * The General Partner reserves the right to accept lesser amounts. | | | | | | | | | VEC | NO | | | | |
| • - | | | | | in also site | | | | | | | | YES | NO |
| 3, L 4, E | oes the offenter the in | ering permi formation | requested f | ersnip of a s or each per | ingie unit? son who ha | s been or w | ill be paid | or given, di | rectly or in | directly, ar | ny commiss | sion or | | |
| s | imilar remu | ineration fo | or solicitation | on of purcha | sers in con | nection with | sales of sec | urities in the | e offering. | If a persor | to be listed | d is an | | |
| a d | ssociated p lealer. If m | erson or ag ore than fi | gent of a br ve (5) perso | oker or deal | ier registere ted are asso | d with the s | SEC and/or voice of such a | vith a state broker or d | or states, it ealer, you r | st the name | e or the bro th the inform | mation | | |
| f | or that brok | er or deale | r only. | | | · | | | | | | | | |
| Full Na | me (Last na | ame first, if | `individual) | 1 | | | | | | | | | | |
| Busines | s or Reside | nce Addres | ss (Number | and Street, | City, State, | Zip Code) | | | | | | | | |
| | | | | | | | | | | | | | | |
| Name o | f Associate | d Broker o | r Dealer | | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| - | | | | | | | | | | | | | | |
| States in | Which Pe | rson Listed | Has Solicit | ted or Intend | s to Solicit | Purchasers | | | | _ | | | | |
| Diates II | | | | ndividual St | | | | | | | П А | Il States | | |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] | | |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] | | |
| [MT] [RI] | [NE] [SC] | [NV] [SD] | [NH] [TN] | [NJ] | [NM] [UT] | [NY] [VT] | [NC] [VA] | [ND] [WA] | [OH] [WV] | [OK] [WI] | [OR] [WY] | [PA] [PR] | | |
| | | | individual) | [TX] | [OI] | [+1] | ניהן | [** / *] | [,] | [1] | [,, +] | [, ,,] | | |
| | . (| | | | | | | | | | | | | |
| Busi | ness or Res | idence Ado | iress (Numi | ber and Stree | et, City, Sta | te, Zip Code | ·) | | | | | | | |
| | | | , | | , J, | | • | | | | | | | |
| Nam | e of Associ | ated Broke | r or Dealer | | | | ······ | | | | - | | | |
| | | | | | | | | | | | | | | |
| States | in Which I | Person List | ed Has Soli | cited or Inte | nds to Solic | it Purchaser | 'S | | | . | *** | | | |
| | | | | | | | | | | | Па | ll States | | |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] | | |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] | | |
| [MT] [RI] | [NE] [SC] | [NV] [SD] | [NH] [TN] | [NJ] | [NM] [UT] | [NY] [VT] | [NC] [VA] | [ND] [WA] | [OH] [WV] | [OK] [WI] | [OR] [WY] | [PA] [PR] | | |
| <u> </u> | | | individual) | [TX] | [01] | [,,] | [* * *] | [] | [,, ,] | [*] | [,, ,] | [* **] | | |
| ruii Na | ine (Last ne | ine mst, n | ilidividual, | , | | | | | | | | | | |
| | | - | | | | | | | | | _ | | | |
| Bus | iness or Re | sidence Ad | dress (Num | ber and Stre | et, City, St | ate, Zip Cod | e) | | | | | | | |
| | | | | | | | | | | | _ | | | |
| Nan | ne of Assoc | iated Brok | er or Dealer | r | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| States | in Which I | Person List | ed Has Soli | cited or Inte | nds to Solic | it Purchaser | 'S | | | | | | | |
| (Check | c"All State | s" or check | individual | States) | | | | | | | | All State | s | |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] | | |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MC | | |
| [MT] [R1] | [NE] [SC] | [NV] (SD) | [NH] TN1 | [NJ] [TX] | [NM] [UT] | [NY] [VT] | [NC] [VA] | [ND] [WA] | [OH] [WV] | [OK] [WI] | [OR] [WY] | [PA] [PR] | - | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | | | |
|----|--|---|-------------|----------|---|
| | | Aggre | gate | | Amount |
| | Type of Security | Offering | _ | | Already Sold |
| | Debt | \$ | -0- | \$ | -0- |
| | Equity | \$ | -0- | \$ | -0- |
| | Common Preferred | | | | · · · · · · · · · · · · · · · · · · · |
| | Convertible Securities (including warrants) | \$ | -0- | \$ | -0- |
| | Partnership Interests | \$ 1,000,0 | 000,000 | \$ | 1,298,314* |
| | Other (Specify) | \$ | -0- | \$ | -0- |
| | Total | \$1,000,0 | 00,000 | \$ | 1,298,314* |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | | | <u> </u> |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total line. Enter "0" if answer is "none" or "zero." Accredited Investors | ı | tors | \$ | Aggregate Dollar Amount of Purchases 1,298,314* |
| | Non-accredited investors | -0 | - | \$ | -0- |
| | Total (for filings under Rule 504 only) | N. | A | \$ | NA |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Rule 505 | | rity | \$ | Dollar Amount Sold NA |
| | Regulation A | N | _ | \$ \$ | NA NA |
| | Rule 504 | N. | | \$ | NA NA |
| | Total | N | | \$ | NA |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees | 3 | | \$ | -0- |
| | Printing and Engraving Costs | | \boxtimes | \$ | |
| | Legal Fees | *************************************** | \boxtimes | \$ | 25,000 |
| | Accounting Fees | | \boxtimes | \$ | |
| | Engineering Fees | ••••• | | \$ | -0- |
| | | | | \$ | |
| | Sales Commissions (specify finders' fees separately) | | _ | _ | · · · · · · · · · · · · · · · · · · · |
| | Sales Commissions (specify finders' fees separately) Other Expenses (identify) <u>Travel and miscellaneous</u> | | | \$ | 25,000 |
| | | | | _ | 25,000 25,000 |

| | expense furnished in response to Part C - Qu | e offering price given in response to Part C - Question 1 and total estion 4.a. This difference is the "adjusted gross proceeds to the management of the control of the con | : | | | \$999,975,0 | 00* |
|-------|---|--|--------------------|------------------|--|--|---------------------------------|
| 5. | purposes shown. If the amount for any purp | oss proceeds to the issuer used or proposed to be used for each ose is not known, furnish an estimate and check the box to the ted must equal the adjusted gross proceeds to the issuer set f | left of | • | | | |
| | | | | Di | nyments to Officers irectors & Affiliates | 1 | Payments to Others |
| | Salaries and fees | | | \$ | -0-** | _ <u> </u> | -0- |
| | | | K 7 | \$ | -0- | ⊠ s | -0- |
| | | machinery and equipment | <u></u> | \$ | -0- | _ <u></u> | -0- |
| | | facilities | K-7 | \$ | -0- | _ | -0- |
| | Acquisition of other businesses (including the | | · | <u> </u> | | | |
| | offering that may be used in exchange for the | | | | | | |
| | issuer pursuant to a merger) | | . 🛛 | \$ | -0- | _ ⊠ <u>_s</u> | -0- |
| | Repayment of indebtedness | | . 🛛 | \$ | -0- | <u> </u> | -0- |
| | Working capital | | . 🛛 | \$ | -0- | <u> </u> | -0- |
| | Other (specify) Portfolio Investments | | | \$ | -0- | <u></u> | |
| | | | | | | | |
| | | | - - 🛛 | \$ | -0- | ⋈ \$9 | 99,975,000* |
| | | | <u> </u> | | - | | |
| | Column Totals | | . <u> </u> | \$ | -0- | | 99,975,000 |
| | Total Payments Listed (column totals added) | | | | | \$ <u>999,975,00</u> | 00* |
| 1 | | D. FEDERAL SIGNATURE | 1 | - | | | 1 1 4 1 W 3 4 1 1 1 1 |
| n und | uer has duly caused this notice to be signed by ertaking by the issuer to furnish to the U.S. Secredited investor pursuant to paragraph (b)(2) | the undersigned duly authorized person. If this notice if filed curities and Exchange Commission, upon written request of its sof Rule 502. | nder R taff, th | ule 5(e info |)5, the follow | wing signaturished by the | re constitutes issuer to any |
| ssuer | Print or Type) | Signature | ite | | | | |
| Camb | rian Asia, L.P. | 1///////// | 2 | 11 | 2/109 | | |
| | Print or Type) | Title of Signer (Print or Type) | | 1, | 7 \ | | |
| lexa | der J. Roepers | Managing Member of General Partner | | | | | |
| * Atl | intic Investment Management, Inc. (the "Investimated partner payable in advance on the fir | for the yen over the previous six (6) month period. strength Advisor"), receives a quarterly management fee at an animal day of each quarter based on the net asset value of the Issue its proportionate share of expenses of Cambrian Asia Master. | r as of | the e | nd of the pro | evious quart | er. The Issuer |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

bears all other costs of its investment program and its proportionate share of expenses of Cambrian Asia Master Fund SPC, Ltd, (the "Master Fund") Partner is entitled to an annual performance allocation equal to 20% of net profits in excess of net losses subject to a high-water mark loss carry-forward.